

DECLARATION and POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: MOBILE INTRA-OPERATIVE MICROSCOPIC DIAGNOSIS LABORATORY, the specification of which is attached hereto unless the following box is checked:

was filed on _____ as U.S. Application No. _____ or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Application No. _____	Country _____	Filing Date _____
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Priority Claimed (Yes/No)

POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Name: John C. Andrade, Esquire	Registration No: 31,919
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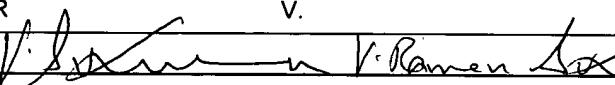
Send correspondence and direct telephone calls to:

John C. Andrade, Esquire, 116 West Water Street, P. O. Box 598, Dover, DE 19903	Tel. No. (302) 678-3262
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

INVENTOR(S)

Full Name of Inventor:	Last Name SUKUMAR	First Name V.	Middle Name RAMAN
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Signature (Please sign full name):		Date: April 8, 2004
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Residence & Citizenship:	City Lewes	State or Foreign Country Delaware	Country of Citizenship USA
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Post Office Address:	Post Office Address 109 West Cape Shores Drive	City Lewes	State or Country Delaware	Zip Code 19958
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Full Name of Inventor:	Last Name	First Name	Middle Name
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Signature (Please sign full name):	Date:
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Residence & Citizenship:	City	State or Foreign Country	Country of Citizenship
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Post Office Address	Post Office Address	City	State or Country	Zip Code
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